2001 UNI DOCUMENT 1. Entity Name		NESS REPO	RT (UBI	R)	M S	ay 21, 2 secretar	LED 2001 8:0 ry of Sta	ite	00084111
BETESDA ASEM	BLY OF GOD, INC.					05-21-2001 90	369 039 ****61	.25	
Principal Place of Busines	\$	Mailing Address							
3300 N.W. 135TH STREET OPA-LOCKA FL 33054		3300 N.W. 135TH STREET OPA-LOCKA FL 33054			769362				
2. Principal Place of Busin	ness	3. Mailing Address							
		0.724.4.4.4.4			DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WHITE	E IN THIS SPACE		
City & State		City & State			<b>59-2280575</b> Not Applic			Applied For Not Applicable	
Zip	Country	Zip	Country			of Status Desired	□ \$8.75 A Fee Requi		
6Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent				
BELLO, JOSE F. 651 S.E. 1ST PLACE HIALEAH FL 33010			Street A	Street Address (P.O. Box Number is Not Acceptable)  10212 N.W. 125 ST  1 Hialeah GARDENS  City  FL Zip Code 33248					
SIGNATURE C	y submits this statement for n-7 Bella or printed name of registered agent an	the purpose of changing its r	egistered office o	BE	110	n, in the state of Flor	ida. 5/01/200/ DATE/	<u>/</u>	
FILE NOW: FEE IS \$61.25					Make Check Payable to to Fees Department of State				
10.	OFFICERS AND DIRE	CTORS	11.	A	DDITIONS/CHA	NGES TO OFFICER	RS AND DIRECTORS		6
TITLE P NAME BELLO, STREET ADDRESS 10212 N	10SE F. W 125 ST	☐ Delete	NAME STREET ADDRESS				☐ Changa	e	CR2E037 (10/00)
	GARDENS FL 33018		CITY-ST-ZIP				· Change	e	꿃
STREET ADDRESS 9545 N.I	NO, SOSA 32ND PLACE	□ Delete	TITLE NAME STREET ADDRESS			7	سر دهو د از صورت	<del>_</del>	ō
CITY-ST-ZIP MIAM! F	_ 33147	X Delete	CITY-ST-ZIP	5	****	_	Change	e 🔀 Addition	1
STREET ADDRESS 6770 EV	ero, reina Ans st Ood fl 33024	Delete	NAME STREET ADDRESS CITY-ST-ZIP	10Z	LOCKA	CARLOS AD AVEN	υ∈ .		
TITLE T NAME CASTILL STREET ADDRESS 7211 W	O, JOSE 24 AVE APT #2307	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[] Chang	e 🔲 Addition	}
TITLE TR NAME COLLAN STREET ADDRESS 8420 NV	GARDENS FL 33016 TES, HILDA M / 17 CT	<b>≥</b> Delete	TITLE NAME	684	.GADO SE 1	, WIS PLACE FG: 37	. Chang	e 🔀 Addition	1

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition

PEMBROKE PINES FL 33024

BOFFILL, ESMERALDINO

7801 W 29TH WAY #102

HIALEAH GARDENS FL 33016

TITLE

NAME

STREET ADDRESS

TR